



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>max</i>	<i>7080-3</i>	<i>3-16</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>3-18-78</i>
FORMALITY REVIEW	<i>g/m/n</i>	<i>27828, 8425</i>	<i>(5-22-98)</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
(Through numeral) Canceled A Appeal
+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4/5/84
2	✓	✓	4/5/84
3	✓	✓	4/5/84
4	✓	✓	4/5/84
5	✓	✓	4/5/84
6	✓	✓	4/5/84
7	✓	✓	4/5/84
8	✓	✓	4/5/84
9	✓	✓	4/5/84
10	✓	✓	4/5/84
11	✓	✓	4/5/84
12	✓	✓	4/5/84
13	✓	✓	4/5/84
14	✓	✓	4/5/84
15	✓	✓	4/5/84
16	✓	✓	4/5/84
17	✓	✓	4/5/84
18	✓	✓	4/5/84
19	✓	✓	4/5/84
20	✓	✓	4/5/84
21	✓	✓	4/5/84
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23	✓	✓	4/5/84
24	✓	✓	4/5/84
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28	✓	✓	4/5/84
29	✓	✓	4/5/84
30	✓	✓	4/5/84
31	✓	✓	4/5/84
32	✓	✓	4/5/84
33	✓	✓	4/5/84
34	✓	✓	4/5/84
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42	✓	✓	4/5/84
43	✓	✓	4/5/84
44	✓	✓	4/5/84
45	✓	✓	4/5/84
46	✓	✓	4/5/84
47	✓	✓	4/5/84
48	✓	✓	4/5/84
49	✓	✓	4/5/84
50	✓	✓	4/5/84

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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